

Case Number:	CM14-0014849		
Date Assigned:	04/09/2014	Date of Injury:	09/15/1997
Decision Date:	04/13/2015	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 61 year old male injured worker suffered an industrial injury on 9/15/1997. The diagnoses were neck pain, cervical pain, headache, brachial neuritis, pain in the thoracic spine and shoulder pain. The treatments were chiropractic therapy sessions. The treating provider reported tension headaches, neck/cervical pain and thoracic pain with reduced range of motion. The Utilization Review Determination on 1/27/2014 non-certified 8 Chiropractic Visits To The Cervical Spine, MTUS, ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 CHIROPRACTIC VISITS TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, Cervical And Thoracic Spine Disorders, And Official Disability Guidelines, Neck.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program

and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with flare-up of his chronic neck pain. Reviewed of the available medical records showed previous chiropractic treatment help. However, current progress reports showed no subjective findings, no objective findings, and the request for 8 chiropractic visits also exceeded MTUS guidelines recommendation for flare-ups. Based on the guidelines cited, the request for 8 chiropractic visits is not medically necessary.